



# Incident Report

**Print Date/Time:** 08/30/2016 08:13  
**Login ID:** ss0100

Lake Stevens Police Department  
**ORI Number:** WA0311900

**Incident:** 2016-00017118

**Incident Date/Time:** 8/29/2016 3:10:00 PM  
**Location:** LUNDEEN PKWY / SR 9 NE  
LAKE STEVENS WA 98258  
**Phone Number:** (425) 367-2624  
**Report Required:** Yes  
**Prior Hazards:** No  
**LE Case Number:**

**Incident Type:** Collision  
**Venue:** Lake Stevens  
**Source:** 911  
**Priority:** 3  
**Status:** 3  
**Nature of Call:**

## Unit/Personnel

Unit	Personnel
19D2	SS0132-Kilroy

## Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	NAWROCKI, ETHAN		(425) 367-2624			

## Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle						AXB0522	
Involved Vehicle						BBM7845	

## Disposition(s)

Disposition	Count
R	1

## Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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08/29/2016 : 15:12:42 SP0166 Narrative: AA 19S15

08/29/2016 : 15:12:29 SP0166 Narrative: brct

08/29/2016 : 15:11:52 SP0323 Narrative: LR 323

08/29/2016 : 15:11:35 SP0323 Narrative: CC, WEST OF LOC, NON INJ, NON BLOCKING, SIL HONDA CIVIC VS A BLK NISSAN XTERRA

## COLLISION REPORT

STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT

1591971

REPORT NO. **E578773**CASE # **2016-17118**LOCAL AGENCY  
CODINGTOTAL # OF  
UNITS

02

OBJECT  
STRUCKTRIBAL  
RESERVATION

M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #  
DATE OF COLLISION 08 - 29 - 2016 1510 31 N S E W IN OF 0664

ON (PRIMARY TRAFFIC WAY)

INTERSECTION ☒NON-INTERSECTION ☐

SR 9 NE

BLOCK NO. ☒

2000

MILE POST

DISTANCE

OF (REFERENCE OR CROSS STREET)

MILES N E S W LUNDEEN PKWY

UNIT 01

MOTOR  
VEHICLE ☒PEDAL-  
CYCLE ☐DAMAGE THRESHOLD MET  
YES ☒ NO ☐

PHONE

D: 4253672624

LAST NAME

NAWROCKI

FIRST NAME

ETHAN

MIDDLE  
INITIAL

B

STREET  
NEW ADDRESS

17106 119TH PL NE

CITY

ARLINGTON

ST

WA

ZIP

982237101

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S  
LICENSE #

NAWROEB017P9

STATE

WA

SEX

M

D.O.B.  
MMDDYYYY

10

29

1999

ON DUTY ☐

STATUS

AIRBAG

2

RESTR.

4

EJECT

1

HELMET  
USEINJURY  
CLASS

1

NATURE OF INJURIES

LICENSE  
PLATE #

BBM7845

STATE

WA

VIN#

2HGEJ6521WH596077

TRAILER  
PLATE #

STATE

TRAILER  
PLATE #

STATE

VEH. YEAR

1998

MAKE

HOND

MODEL

CIV4D

STYLE

SD

VEHICLE TOWED  
YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE  
YES ☐ NO ☒

REGISTERED OWNER INFO. ALLISON TATE 17106 119TH PL NE ARLINGTON WA 98223

LIABILITY INSURANCE  
IN EFFECT ☒INSURANCE CO  
& POLICY # STATE FARM 3769308-F11-47VEHICLE  
LEGALLY  
STANDINGYES ☐ NO ☐

CITATION #

CHARGE

UNIT 02

MOTOR  
VEHICLE ☒PEDAL-  
CYCLE ☐PEDESTRIAN ☐PROPERTY  
OWNER ☐DAMAGE THRESHOLD MET  
YES ☐ NO ☒

PHONE

D: 8313839719

LAST NAME

BAILEY

FIRST NAME

JESSICA

MIDDLE  
INITIAL

K

STREET  
NEW ADDRESS

175 DRIFTWOOD SHORES RD

CITY

CAMANO ISLAND

ST

WA

ZIP

982828485

CDL

RESTRICTIONS

B

ENDORSEMENTS

DRIVER'S  
LICENSE #

BAILEJK096BW

STATE

WA

SEX

F

D.O.B.  
MMDDYYYY

01

16

1991

ON DUTY ☐

STATUS

AIRBAG

2

RESTR.

4

EJECT

1

HELMET  
USEINJURY  
CLASS

1

NATURE OF INJURIES

LICENSE  
PLATE #

AXB0522

STATE

WA

VIN#

5N1AN08WX8C505967

TRAILER  
PLATE #

STATE

TRAILER  
PLATE #

STATE

VEH. YEAR

2008

MAKE

NISS

MODEL

XTE4D

STYLE

UT

VEHICLE TOWED  
YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE  
YES ☐ NO ☒

REGISTERED OWNER INFO. JESSICA BAILEY 175 DRIFTWOOD SHORES RD CAMANO ISLAND WA 98282

LIABILITY INSURANCE  
IN EFFECT ☒INSURANCE CO  
& POLICY # USAA 027136810GVEHICLE  
LEGALLY  
STANDINGYES ☐ NO ☐

CITATION #

CHARGE

OFFICER'S NAME (PRINT)

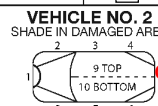
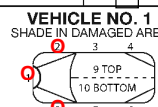
J. KILROY #0132

BADGE OR ID #

#0132

AGENCY

WA0311900




**STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E578773**CASE # **2016-17118**
**ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)**

NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

**NARRATIVE**

Unit 1 was traveling south on SR 9 NE nearing the intersection with Lundeen PKWY. Unit 2 was traveling south on SR 9 NE nearing the intersection with Lundeen PKWY starting to slow down. Driver of unit 1 said he thought unit 2 was going to go through the yellow light and did not slow down. Unit 2 slowed down at the intersection of SR 9 NE and Lundeen PKWY. Unit 1 then hit unit 2.

There were no injuries.

Unit 1 was at fault due to inattention.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**J. KILROY #0132**
**08-29-16 06:12 PM**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

**W. AUKERMAN 0072**

DATE

**8/29/2016 6:17:30 PM**

BADGE OR ID #	<b>#0132</b>	ORI #	<b>WA0311900</b>	TIME POLICE DISPATCHED	<b>3:11 PM</b>	TIME POLICE ARRIVED	<b>3:20 PM</b>
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REPORT NO. E578773

CASE # 2016-17118

DATE AND TIME  
OF COLLISION 08/29/16 15:10



Not To Scale

